BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09901010

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			28		(Oddini Z)		ŗ	RATE FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		}	BASIC FEE			BASIC FEE	710.00
···			A Q		———			BASIC FEE	355.00	OR	DASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			2-8 minus 20=		* 8		į	X\$ 9=		OR	X\$18=	144
INDEPENDENT CLAIMS			2 minus 3 = $\sqrt{2}$					X40=		OR	X80=	
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				Ī	+135=		OR	+270=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				L	TOTAL		OR	TOTAL	844
CLAIMS AS AMENDED - PART II								•			OTHER	
_		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
4ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ĺ	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDEN	T CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL	
										OR	ADDIT. FEE	
		(Column 1) CLAIMS	Neg .	(Colu	mn 2)	(Column 3)					 	
AMENDMENT B		REMAINING AFTER AMENDMENT	Li A.	NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	*	Minus	**		=		X\$ 9=	i	OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C	* *	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 	X40=			X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	Γ CLAIM		I ⊦	740=		OR	700=	
					40			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously P aber Previously Pa					er four	nd in the and	ropriate bo	x in col	lumn 1	